

Mental Health Services Act (MHSA)

Capital Facilities Statewide Conference Call on Capital Facilities

Monday, May 14, 2007

3:30 – 5:00 pm

Toll Free Call-in Number: 1-866-296-6505

Verbal Pass Code: MHSA

TTY# 1-800-735-2929

MHSA CAPITAL FACILITIES



Opening new doors to
help build a better future...

MHSA Conference Call On Capital Facilities- May 14, 2007

Agenda:

- 3:30 Welcome and Purpose of Conference Call – Bobbie Wunsch
- 3:40 Overview and Definitions -- Jane Laciste
- 3:50 Input on Overview and Definitions
- 4:05 Restricted Facilities – Jane Laciste
- 4:10 Input on Restricted Facilities
- 4:30 Plan Requirements – Jane Laciste
- 4:40 Input on Plan Requirements
- 4:55 Upcoming MHSA Milestones and Closing – Bobbie Wunsch

MHSA Capital Facilities:

The purpose of this call is to receive Stakeholder input on the Proposed Guidelines for the Initial Capital Facilities Component Draft dated April 30, 2007

5 Components of MHSA

- Community Service and Support (CSS)
- Education and Training
- Capital Facilities & Technological Needs
- Prevention and Early Intervention (PEI)
- Innovation

Capital Facilities

A “capital facility” is a building secured to a foundation which is permanently affixed to the ground that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices.

MHSA Capital Facilities Program

Capital Facilities funds may only be utilized to:

- Acquire and build upon land
- Acquire buildings
- Construct buildings
- Renovate buildings
- Establish a capitalized repair/replacement reserve for buildings acquired with Capital Facilities Funding

Capital Facilities Funds Shall Be Used:

- Capital Facilities funds shall only be used for those portions of land and buildings where MHSA programs, services and administrative supports are provided that are consistent with the goals for transformation of the county mental health system and MHSA services.
- Land acquired and built upon, or construction or renovation of buildings, using Capital Facilities funds, shall be used to provide MHSA programs/services and/or supports, for a period of “X” time (to be determined)

Capital Facilities Funds CAN Be Used:

- To purchase a building for use as clinic, clubhouse, wellness and recovery center, office space, etc.
- To purchase land where a clinic, clubhouse or other types of building can be built that support MHSA services
- To make an existing building more accessible to clients and family and compliant with the Americans with Disabilities Act (ADA).
- To establish a capitalized repair/replacement reserve for buildings acquired with Capital Facilities funds.

Capital Facilities Funds CANNOT Be Used For:

- Master leasing or renting of building space.
- Purchase of vacant land with no plan for building construction.
- Acquisition of facilities not secured to a foundation that is permanently affixed to the ground, i.e., cars, buses, trailers, or recreational vehicles.

Focused Questions for Stakeholder Input

- If the county is not the owner of record what process and safeguards should be required to ensure all legal/building requirements and purposes for building are maintained?
- How long should buildings be dedicated to providing mental health services?
- Should there be differences between new construction, acquisition of older buildings, and renovation?

Stakeholder Input

Restrictive Settings

Capital Facilities funds shall be used for buildings that serve clients in less restrictive settings, however, if a county submits a proposal for a Capital Facilities project that is a restrictive setting, in accordance with Welfare and Institutions Code Section 5847(a) (5), the County must demonstrate the need for a building with a restrictive setting by submitting specific facts and justifications for the Department's review and approval as follows:

Restrictive Settings (cont'd)

- There is an unmet need within the county for a restrictive facility in order to adequately serve individuals with severe mental illness and/or serious emotional disorder.
- These needs cannot be adequately served in a less-restrictive setting
- It is not feasible to build the required facility using non-MHSA funds. The County shall include specific reasons for non-feasibility.
- The County has pursued, and been unable to obtain, other sources of funding.
- The proposal for a restrictive facility was developed through a Community Program Planning Process.

Stakeholder Input

PLAN REQUIREMENTS

CAPITAL FACILITIES PLAN REQUIREMENTS

Capital Facilities Plan Narrative:

The County must submit a narrative overview that provides a conceptual framework describing how the County has planned for the use of Capital Facilities funds to support the provision of programs and services to be implemented through the MHSA

Capital Facilities Plan Narrative (cont'd):

This overview must describe:

- The stakeholder involvement in the identification of the County's Capital Facility needs, priorities and decisions.
- How the proposed Capital Facilities Plan supports the goals of the MHSA and programs and services contained in the CSS, PEI and/or Innovation components of the County's Three-Year Program and Expenditure Plan

Capital Facilities Plan Narrative (cont'd):

The County must identify how the proposed projects are consistent with the five fundamental concepts inherent in the MHSA and identified in the CSS Program and Expenditure Plans

- Community Collaboration
- Cultural Competence
- Client and Family driven
- Wellness, recovery and resiliency focused
- Integrated service experience for clients and families

Capital Facilities Plan Narrative (cont'd):

Capital Facilities Priorities Listing:

- Types and numbers of facilities needed
- Possible county locations for needed facilities
- MHSA programs and services to be provided or whether administrative offices
- Target populations to be served

CAPITAL FACILITIES PROJECT PLAN REQUIREMENTS

For each proposed Capital Facilities project the County must provide a narrative description of:

- The stakeholder involvement in the identification and development of the proposed Project.
- How the proposed Project is consistent with the five fundamental concepts inherent in the MHSA and identified in the CSS Program and Expenditure Plans
- How the proposed Project supports the goals of the MHSA and programs and services contained in the CSS, PEI and/or Innovation components of the County's Three-Year Program and Expenditure Plan

SMALL RENOVATION PROJECTS

(LESS THAN X DOLLARS)

- Purpose of renovation/renovation activities
- Expansion of capacity/access of existing services or provision of new services
- Type of building, current use, proposed use, ownership
- Location: Proximity to public transportation and description of surrounding area
- Services: Services to be provided and projected number of clients and age groups to be served
- Budget and, if only part of a building is used for mental health programs and services, a budget narrative describing the costs allocated to Capital Facilities funding and the costs allocated to other revenue sources.

ACQUISITION, CONSTRUCTION, AND/OR LARGE RENOVATION PROJECTS (MORE THAN X DOLLARS)

- Type of building: New construction, acquisition and/or renovation.
- If a renovation, the requirements for Small Renovation projects also apply
- Intended purpose: Including programs/services to be provided.
- Location: Proximity to public transportation and description of surrounding area.
- Client/individuals, and age groups to be served.
- Building use: If other than providing mental health programs/services provide percentages designated for other uses and relationship, if any, to mental health program.

ACQUISITION, CONSTRUCTION, AND/OR LARGE RENOVATION PROJECTS (cont'd)

- Budget and budget narrative describing:
 - Project Expenditures
 - Total MHSA Capital Facilities Funding
 - Other Funding Sources
 - Ongoing Capital Repair Reserves
 - Estimated Time Frames for Project Phases
 - The Project Management in Place
 - The Project Feasibility for Designated Time Period

MHSA Capital Facilities Examples:

- Co-locate mental health services with primary care clinics
- Family Resource Centers for “one-stop” service
- Facilities for mental health services located on school grounds
- Assessment centers
- Short-term crisis residential care to avoid hospitalization and allow for a quick return to the family.
- Crisis stabilization facilities for children and transitional age youth that are separate from adult facilities.
- Community-based assessment centers for children and youth, which encourage the participation of family members in the assessment process.
- Facilities which embrace enhance and promote the cultural needs and preferences of users of the building

Contacts for Continued Input

- By Email: mhsa@dmh.ca.gov
- Toll-free line (within California):(800) 972-MHSA (6472)
- All Comments must be received by May 25, 2007.